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## BIB DATA SHEET

CONFIRMATION NO. 6969

| SERIAL NUMBER  | FILING or 371(c)<br>DATE  | CLASS  | GROUP ART UNIT              | ATTORNEY DOCKET<br>NO.                                       |                         |                               |
|--|---|--|-----------------------------|--|-------------------------|-------------------------------|
| 10/665,244   | 09/20/2003  | 705  | 3694                        | 20168.0004USU2   |                         |                               |
| <b>RULE</b>  |   |  |                             |  |                         |                               |
| <b>APPLICANTS</b><br>Sheldon Kasower, Canoga Park, CA;<br><b>** CONTINUING DATA *****</b><br>This appln claims benefit of 60/412,355 09/21/2002<br><b>** FOREIGN APPLICATIONS *****</b><br><b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** ** SMALL ENTITY **</b><br>12/09/2003 |   |  |                             |  |                         |                               |
| Foreign Priority claimed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No   | 35 USC 119(a-d) conditions met <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                | <input checked="" type="checkbox"/> Met after Allowance<br>MZS | <b>STATE OR<br/>COUNTRY</b> | <b>SHEETS<br/>DRAWINGS</b>                                   | <b>TOTAL<br/>CLAIMS</b> | <b>INDEPENDENT<br/>CLAIMS</b> |
| Verified and /MOHAMMAD Z<br>SHAIKH/  | Acknowledged <u>Examiner's Signature</u>  | <u>Initials</u>  | CA                          | 36   | 11                      | 1                             |
| <b>ADDRESS</b><br>HAMRE, SCHUMANN, MUELLER & LARSON, P.C.<br>P.O. BOX 2902<br>MINNEAPOLIS, MN 55402-0902<br>UNITED STATES  |   |  |                             |  |                         |                               |
| <b>TITLE</b><br>Method of on-line credit information monitoring and control  |   |  |                             |  |                         |                               |
| <b>FILING FEE<br/>RECEIVED</b><br>400  | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |  |                             | <input type="checkbox"/> All Fees                            |                         |                               |
|  |   |  |                             | <input type="checkbox"/> 1.16 Fees (Filing)                  |                         |                               |
|  |   |  |                             | <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) |                         |                               |
|  |   |  |                             | <input type="checkbox"/> 1.18 Fees (Issue)                   |                         |                               |
|  |   |  |                             | <input type="checkbox"/> Other _____                         |                         |                               |
|  |   |  |                             | <input type="checkbox"/> Credit                              |                         |                               |